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CASE REPORT ARTICLE

RIGHT TO HEALTH FOR HOMELESS PEOPLE

DIREITO À SAÚDE À POPULAÇÃO EM SITUAÇÃO DE RUA

DERECHO A LA SALUD A LA POBLACIÓN EN SITUACIÓN DE CALLE

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ABSTRACT

Objective: to describe the experience of a workshop held with street people on the Right to Health. ***Method:*** this is a descriptive study, an experience report, carried out during the development of the discipline Saúde Man in a Nursing Course. As a field of research, a Special Reference Center for Population in Street Situation was set up, serving 18 users of both sexes, young people, adults and the elderly. The results were presented in the form of a report. ***Results:*** it was observed that the perception of the users in relation to the concept of health is linked to the sense of health as the absence of the disease, and only one participant demonstrated a wider knowledge about the health perception when using the term happiness to affirm that It's healthy. ***Conclusion:*** it is understood that public policies aimed at the validation of the right to health for the street population still need to be improved with the implementation of specific strategies aimed at promoting and protecting the health of such individuals who are extremely vulnerable to illness. ***Descritores*:** Right to Health; Homeless Population; Public Policy; Offices on the Street; Public Health; Host.

RESUMO

Objetivo*:** descrever a experiência de uma oficina realizada com pessoas em situação de rua sobre Direito à Saúde. ***Método*:** trata-se de um estudo descritivo, tipo relato de experiência, realizado durante o desenvolvimento da disciplina Saúde do Homem de um Curso de Enfermagem. Elencou-se como campo da pesquisa um Centro de Referência Especializado para População em Situação de Rua que atende 18 usuários de ambos os sexos, jovens, adultos e idosos. Apresentaram-se os resultados em forma de relato. ***Resultados*:** observou-se que a percepção dos usuários em relação ao conceito de saúde está atrelada ao senso de saúde como a ausência da doença, e apenas um participante demonstrou um conhecimento mais amplo sobre a percepção de saúde ao usar o termo felicidade para afirmar que é saudável. ***Conclusão: entende-se que as políticas públicas voltadas para a validação do direito à saúde à população em situação de rua ainda precisam ser aperfeiçoadas com a execução de estratégias específicas que tenham o intuito de promover e proteger a saúde de tais indivíduos que são extremamente vulneráveis ao adoecimento. ***Descritores*:** Direito à Saúde; População em Situação de Rua; Políticas Públicas; Consultórios na Rua; Saúde Pública; Acolhimento.

RESUMEN

Objetivo: describir la experiencia de un taller realizado con personas en situación de calle sobre Derecho a la Salud. ***Método:*** se trata de un estudio descriptivo, tipo relato de experiencia, realizado durante el desarrollo de la asignatura Salud del Hombre de un Curso de Enfermería. Se estableció como campo de investigación un Centro de Referencia Especializado para Población en Situación de Calle que atiende a 18 usuarios de ambos sexos, jóvenes, adultos y ancianos. Se presentaron los resultados en forma de relato. ***Resultados:*** se observó que la percepción de los usuarios en relación al concepto de salud está relacionada al sentido de salud como la ausencia de la enfermedad, y sólo un participante demostró un conocimiento más amplio sobre la percepción de salud al usar el término felicidad para afirmar que es saludable. ***Conclusión:*** se entiende que las políticas públicas orientadas a la validación del derecho a la salud a la población en situación de calle todavía necesitan ser perfeccionadas con la ejecución de estrategias específicas que tengan la intención de promover y proteger la salud de tales individuos que son extremadamente vulnerables a la enfermedad. ***Descritores*:** Derecho a la Salud; Población en Situación de Calle; Políticas Públicas; Consultorios en la Calle; Salud Pública; Recepción.

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INTRODUCTION

It is understood that the right to health is the result of a social and historical process that was only approved with the Federal Constitution of 1988. Based on this assumption, the Brazilian Unified Health System (UHS) intends to offer health care in an extended way to the entire population, including basic care to complexes through integrality, universality and equity.[1] It is known, however, that the reality is not this and that the Brazilian population impoverishment influences the quality of life and health conditions.[2]

The intense process of social exclusion due to lack of access to the formal labor market is reflected by the existence of street people, quality education, health services and other public services, as well as daily exposure to violence, demonstrating the contradictions of a society that has social security as a constitutional right and which ensures health as the right of all and the duty of the State.[3]

The homeless population is considered to be the heterogeneous population group that has, in common, extreme poverty, the prevalence of black men, broken or fragile family ties, and the lack of regular conventional housing, using public places and degraded areas as housing space, with the existence of an informal economic activity as a means of survival, temporarily or permanently, as well as the temporary shelter units or as temporary dwelling.[4]

In 2008, the Federal Government created the Manual of the National Policy for Social Inclusion of Population in the Street Situation. This document is intended to guide the construction and implementation of public policies aimed at homeless people, promoting the reintegration of these people to their families, access to basic rights and social development, through the articulation of several sectors in the care of this social group. Within the scope of UHS, in 2012, the strategy of "Rua da Rua", linked to primary care, was designed to meet the needs of this population.[5]

They are provided by the inclusion of the population on the street to health programs, their full acceptance and the creation of a link between these individuals and institutions, which can minimize the risk of illness or its aggravation, allowing a greater attention to the health of this group and making possible the early diagnosis and treatment of vectors of infectious diseases, thus breaking the cycles of transmission within the epidemiological chain.

It is necessary, for the care given to the street population, to consider the peculiarities of this group through the viability of humanized and equanimous care. It is necessary to study the theme for the reflection and sensitization of the current society, providing the visibility of this vulnerable population, besides making possible the social inclusion and the promotion of the citizenship of these individuals.

OBJECTIVE

- To describe the experience of a workshop held with street people on the Right to Health.

METHOD

This is a descriptive study, a type of experience report, carried out during the development of the Human Health discipline of the Nursing course of the College of Technology and Sciences (FTC) of a city in the interior of Bahia. This study was carried out in October 2018 in a medium-sized municipality in the interior of Bahia. As a field of research, the Center for Special Reference for Population in the Situation of the Street (POP Center) of this city, which serves 18 users of both sexes, young people, adults and the elderly.

As regards the systematization of this process, an official letter was sent on October 20, 2018, consulting the coordination of the POP Center on the possibility of such work with its users, as well as the presentation of the objectives of said research, so that the coordination was willing to cooperate with the study, motivated by the relevance of opening the space for dialogue and thus allowing a better understanding of the subjectivities of these people, thus enabling a greater understanding and awareness of the issues which involve people on the streets.

Thus, the workshop was held on October 23 of that year, on the morning shift, shortly after the feeding. It is reported that, as is routine at the POP Center, breakfast is served at 8am, when users gather around a long table and have their first meal. It is detailed that arriving earlier, at around 7:30 am, was the strategy used to approach the users that went into the place. They all invited each other to participate in the conversation, waiting until everyone had finished their breakfast to start the activities.

The talk wheel was composed by a mediator, whose purpose was to approach the theme, and an observer whose role was to write down the settings. It is reported that eight male users, aged between 20 and 58 years of age, participated, and one user was invited by POP Center staff to withdraw because they were not able to participate in the conversation, because he was drunk and, besides, nervous, altered and tearful. It was followed, then, with seven users.

At the outset, the personal presentation and clarification about the purpose of the activity that was to be carried out were promoted. It was also explained to those present that they did not need to respond to any questioning if they did not feel

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comfortable and were asked not to speak at the same time and to respect each other's turn. They showed themselves, thus, despite the apprehension and apprehension noticed at the beginning, users well-disposed to dialogue in the course of the conversation wheel. It is believed that this is due to the encouragement, opportunity where some expressions of encouragement were used such as: "Anyone else want to talk?"; "Does anyone else want to share?", among others. It is noted that only two participants needed more encouragement to speak, but everyone was so interested that no intervention was made in relation to the parallel conversation, only a few were held to organize the order of the speech.

He went on to say that the intention of that morning was to learn a little more about his experiences in relation to health, especially in relation to the right to health. In the course of the workshop, he used the following questions to ask the following questions: "How is your health? Do you consider yourself healthy?". This question had an introductory and approximative purpose. It was questioned, after the answers given, to those who were present, if they thought they had a right to health, and if they felt they had the right, they could say: "Yes, that's my right!". It was then asked if they had already been to a health facility, what were and what situations led them to it. They also questioned how they were received at these sites. For these issues, the impressions that will be reported are guided.

RESULTS

The results were interpreted through the observations made, according to the statements given by the population consulted, through the observations made during the conversation wheel.

It was observed, however, that the users' perception regarding the concept of health is linked to the sense of health as the absence of the disease; however, only one participant demonstrated a broader understanding of health perception by using the term happiness to state that it is healthy.

It was noted that there is no understanding by the users of the POP Center that health is the set of consonants that favor well-being, physical, mental and social; therefore, there is also a lack of knowledge of the elements that are essential for its acquisition.

The concept of the right to health, referred by the majority of those present, is associated with the inefficiency of the country's health policies, represented by the Brazilian Unified Health System, since they faced the long queues, the great time waiting and the current political situation to justify the lack of access, however, the condition of street person was not mentioned.

It should be noted, however, that the erroneous conceptualization of health, together with the lack of knowledge about the criteria established for its full scope, precludes the understanding of these individuals that health is built through the process of gaining other rights. In this way, the false sense of being healthy is created, which makes mobilization unfeasible in order to obtain the most diverse rights.

However, the misconception of health, such as the lack of disease, helps to create a very dangerous comfort zone for these individuals, making them access health facilities not as a means of preventing illness, but only for the realization of treatments after the illness already established.

It is verified, with regard to the situations that led them to look for health establishments, that the misleading perception of health influences the health services, since the great majority answered that their health is well, and there is no need to seek health units.

They also mentioned the occasions that led them to the health services, the dressing, the tracking and follow-up of suspected cases of HIV and hospitalizations due to accidents, which demonstrates the use of primary care as a preferential entrance door only to treat existing diseases.

It is identified, therefore, that the search for preventive care is tenuous, since only one participant reported that it was to the family health unit to update the vaccine card. It was also reported, by the majority, that the vaccine was not up-to-date, and some said that they had never been vaccinated.

As far as the reception is concerned, the lack of receptivity of these places to the people in the street situation is noticeable. It was found that these individuals are harassed, treated differently, with prejudice, as many said they had to wait for hours for care. It was emphasized by two of those present that, after suffering an accident, they had to wait in the emergency room of a hospital unit for a long time without assistance. It was stated, at the opportunity, by another user, that his pregnant wife was also denied service.

It should be noted that the Federal Constitution of 1988 guarantees health as a fundamental right to life, correlates it with the right of the dignity of the human person, thus making it inviolable, as well as the right to life, making it the right of every citizen indiscriminately.

It could be verified, however, during the speeches that only one of the users was empowered by such a right, since he affirmed that he had the right to be well received and well treated and, if he were to do otherwise, he would complain and take action.

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DISCUSSION

It is known that the mortality rate of the man is superior when compared to the indexes of the women, worsening with the one when comparing with the men who live in the streets, thus generating a much shorter life expectancy.[6] That is why it is increasingly necessary to find ways to improve human health by promoting health.

Mankind's well-being is guaranteed through health promotion and protection, where maintenance occurs through access to various elements or circumstances that are often not specifically in the health sector, however, are crucial for their validation.[6]

It influences education, housing, food and employment, health and these factors are factors that help to obtain them, so that social justice policies that reduce inequalities in these areas make it possible to reduce health disparities.

It is believed that the State has a duty to provide health protection to the whole community, and that right is present in the Brazilian Constitution, which guarantees it to its people as a right of all and of the duty of the State; in this context, federal entities have the obligation to provide such services to the entire population, especially to those who have low purchasing power, as a way of preserving the greater good that is their life.[7]

Through the implementation of the Street Office, it helps to overcome social barriers and is a magnificent and challenging tactic of health work, since it has the task, in its daily tasks, of opening gaps in the stiff structures of health and other Brazilian social policies so that everyone, without distinction, is welcomed and can enjoy the rights that belong to all.[8]

The principle of equity is validated by this strategy, and the expansion of its teams significantly helps the re-signification of primary health care, especially with regard to vulnerability and social exclusion. Issues that had hitherto been neglected and invisible to the health sector were also pointed out by the UHS.[9]

It is revealed that the health policies of the street population denote their accuracy as a source of support, since the success of comprehensive attention to the street population is based on an intersectoral approach, open and focused on the demands that arise from individuals who are on the streets, thus fulfilling the function of the reception and education in health.[10]

It is pointed out that the care given to individuals in a street situation should not only be based on pathology, prescribing drugs, dispensing medicines and executing protocols, but rather linked to the principle of humanization, because, more than prescriptions and medicalization, health professionals should be open to dialogue with service users, listening to their desires, their histories, anxieties and challenges.[11]

It is possible to perceive that, due to the predominance of the masculine gender among the participants, this result reflects, also, a tendency that is based on the questions that relate to men's health.

It is revealed, according to studies, that the man tends to neglect his health and only looks for care when he is with the aggravated disease, often, at a stage in which there is no cure, as in the case of prostatic neoplasias, demanding, as well, higher cost to the Health System.[12]

It turns the non-male search to health institutions around a single axis, which are the roles to be played to attest to the male identity, and this is related to the association between caring and the female image. On the other hand, it is identified that, to man, the representations of strength, virility and invulnerability would be bound, thus becoming incompatible with the figure of the patient, since annoying is synonymous with weakness, fear, anxiety and insecurity.[13]

This reality is confirmed by the male individual who only looks for the doctor or a professional when he or she already suffers the effects caused by the evolution of the disease, and this leads to the intuition that the man believes that a person should only seek care disease, in the presentation of the symptoms, or, also, through the incapacitation.[14]

It is ensured by the Brazilian Magna Carta, in its fifth article, that all individuals are equal before the law, and there can be no distinction of any kind. It is also guaranteed to all who reside in its territory, be it Brazilian or foreign, the inviolability of several rights, among them, the right to life and equality.[1]

It is essential that basic care be guided by the principles of universality, accessibility, bonding, continuity of care, integral care, accountability, humanization, equity and social participation.[15]

CONCLUSION

Due to the lack of a broader perception of health, there is a limited understanding and a non-holistic, disease-focused view, not allowing wider knowledge that health is only enforced through instruments that are formidable for its construction, acquisition and its realization as a fundamental right to life.

Non-empowerment and lack of sense of belonging to the non-knowledge are related to the fact that direct health is guaranteed to every citizen and that it is the duty of the State to ensure the guarantee of this right to all indiscriminately, and this makes it impossible to

exercise actively of citizenship and, consequently, leads to passivity, to indirect permissiveness in the face of situations of negation or neglect of the State.

However, it is also necessary to improve public policies aimed at validating the right to health of the street population by implementing specific strategies aimed at promoting and protecting the health of those individuals who are extremely vulnerable to illness.

It is inferred, in this context, that it may be necessary and timely to implement the Street Doctor project, which specifically addresses the health of these individuals, and has as main proposal, be a tool that allows them to effectively ensure the validation of this right, providing an integral care based on social equity, thus guaranteeing their inclusion, thus making them part of this right.

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